



Individual Support Specialist Job Description

Position: Individual Support Specialist	Individual Support Specialist Name:
Supervisor Name:	Street Address, City, County
Director Name:	Other:

I. A. PURPOSE OF POSITION:

Individual Support Services are “hands-on” individualized assistance with everyday activities that are required by a member with severe and persistent mental illness in order to live independently in the community. The services are intended to support adults ages eighteen (18) and older living in a private home, a licensed group home, an adult care home or a hospital that have a documented plan to transition to independent or shared housing. The plan must include, at minimum, documentation of the following:

- Date of the anticipated move;
- Type of housing that the member will reside in;
- How the housing was obtained;
- Member’s income/evidence that member can financially maintain the anticipated housing;
- Clinical evidence of members ability to be successful living independently
- Supports that will need to be in place, prior to move in
- Outline of tasks that will need completed prior to transition (i.e., setting up utilities, phone, etc.)

Specifically, this service provides assistance with Instrumental Activities of Daily Living (IADL) including preparing meals, managing money, shopping for household necessities, using the telephone, housecleaning, laundry, transporting the member to access the community, medication management, supervision and cuing. The goal is to provide coaching to the member in areas of need and fade this support over time.

Individual Support can be billed while the person is living in the licensed facility or private home up to 90 days prior to moving.

Medicaid shall cover procedures, products, and services when they are medically necessary, and

- the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary’s needs;
- the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary’s caretaker, or the provider.



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- B. WORK SCHEDULE: Work schedule will vary per assigned client needs.
- C. PROGRAM REQUIREMENTS: Individual Support Specialists must be supervised by a Qualified Professional.

D. II. A. DESCRIPTION OF RESPONSIBILITIES AND DUTIES:

The Individual Support Specialist provides guidance and help with everyday activities (meals, managing money, etc.). Typically for adults who are moving out of their families' homes or licensed facilities. Adults receiving this service must have a documented transition plan. Some primary responsibilities are to direct, coordinate, and manage the activities of the service and to ensure the program operates in full compliance with relevant laws, ensure accuracy of data; compliance with regulation; and identify operational efficiencies.

This service provides assistance with Instrumental Activities of Daily Living (IADL) including preparing meals, managing money, shopping for household necessities, using the telephone, housecleaning, laundry, transporting the member to access the community, medication management, supervision and cuing.

The Individual Support Specialist will be responsible for required documentation.

WORK ENVIRONMENT AND CONDITION:

The Individual Support Specialist will work in a variety of environments and settings. Individual



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Support
Specialist must be able to work flexible hours.

TRAINING, KNOWLEDGE, SKILLS AND ABILITIES:

This service will be delivered by paraprofessional staff employed by Little Gerald Services and supervised by a qualified professional. The paraprofessional must have a high school diploma and two (2) years of experience working with adults with mental illness.

Individual Support Services may be provided by paraprofessionals.

REQUIRED MINIMUM TRAINING:

All employees are required to complete agency orientation within the first thirty (30) days of employment. Employees are also required to complete NCI training prior to being alone with any clients. Employees providing Individual Support Services to adults will complete training specific to the required components of the Individual Support service definition including crisis response within the first 90 days of employment. All staff providing Individual Support must complete at least 20 hours of initial training or continuing education in the following areas within the first 90 days of employment:

- Clinical and psychosocial needs of the target population;
- Psychotropic medications and possible side effects
- Drugs of abuse and related symptoms
- Crisis management
- Principles of recovery, resiliency and empowerment
- Community resources and services, including pertinent referral criteria
- Member/family support networking
- Diagnosis and clinical issues regarding the population served
- Client Rights
- Confidentiality/HIPPA
- Crisis Intervention and Response
- Infectious/communicable diseases
- CPR/ First Aid/Seizure Management
- Individual Support Planning to include goals/strategies
- Approved training on alternatives to restrictive interventions by a certified instructor prior to being alone with an member as applicable for the member
- Protective Devices/Usage as applicable for the member
- Cultural Diversity/Awareness
- Knowledge of the Service Delivery System



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SUPERVISION RECEIVED BY INDIVIDUAL SUPPORT SPECIALIST:

The Individual Support Specialist will have access to their supervisor on an ongoing basis through face-to-face contact, via email and through written correspondence or telephone. If an Associate Professional or Paraprofessional, a supervision plan will be completed to include supervision requirements.

LICENSE OR CERTIFICATION REQUIRED BY STATUTE OR REGULATION:

A valid NC drivers' license is required for this position.

CERTIFICATION: Individual Support Specialist's Certification: I certify that I have reviewed this position description and that it is a complete and accurate description of my responsibilities and duties.

Signature Title Date

Supervisor's Certification: I certify that (a) I am the Immediate Supervisor of this position, that (b) I have provided a complete and accurate description of responsibilities and duties and (c) I have verified (and reconciled as needed) its accuracy and completeness with the Individual Support Specialist.

Signature Title Date